\$ = completel pue physician death requires that the signed by aftending has been the PHYSICIAN: the hospital or certificate Sign 0 etached DIRECTOR:

director, VR A15 (4) 15M 7/61

Leonardtown l day Rural Ridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddrass) d. STREET ADDRESS St. Mary s H spital 3. NAME OF 4. DATE Middle Lasl Month DECEASED OP (Type or print) DEATH Marshall Spencer Barnes 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX 8. DATE OF BIRTH last birthday) Male White WIDOWED [69 6 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Carpenter Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Augustus Barnes Julia M. Dean 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO geve rise to immediate cause DUE TO (e), stating the underlying cause lest PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING O DEATH BUT NOT RE CERTIFICATION 20e. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) factory, street, office bldg., etc. While Not While Hour e.m. et work at work 19 (this hospital) attended the deceased from...... saw the deceared and that death occurred at 22e. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. 22c. PHYSICIA 22d, ADDRESS NAME TYP 23a, BURIAL, CREMATION, | 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY Buriel (Specify) St. Michael's Ridge 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR arthur S. Thrank W. Clarke Mattingley Leonardtown, Maryland

STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECO OF DEATH 4419 PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edmission) e. COUNTY a. STATE b. COUNTY St. Mary's MARYLAND St. Mary's b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO T Day Yeer 19 61 December IF UNDER 24 HRS. AGE (In years IF UND RIYEAR Days Months Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Ridge, Maryland INTERVAL BETWEEN PERFORMED? NO T (County) (State) 1901..., that (1) (was last .M. from the causes and on the date stated above. 23d. LOCATION (City, lown or county) (Stete) Maryland 256. REGISTRAR'S SIGNATURE

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e carbon papers. Tages I are JUAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be enacuted decrement. A may be retained by the hospital or attending physician.

TO FUNDALL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 ho VR A15 (4)

1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 14420 44000

1. PLACE OF DEATH	R	Al I	2. USUAL RESIDEN	NCE (Where deceased lived, b, CO	If institution: Residence before admission,
	t. Mary's	MARYLAND	Maı	ryland	St. Mary's
b. CITY OR TOWN ((if outside corporate limits, diginal give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits, w	rita RURAL and give nearest town)
Oakley		Life	Rural	Oakley	
d. NAME OF HOSPI	TAL OR INSTITUTION (if no	t in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES Y NO
3. NAME OF	First	Middle	Lasi	1 4. DATE Mo	onth Day Year
(Type or print)	Mary	Robey Butler	Beverley	OF _	cember 23, 19 61
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In yeal last birthday	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female			March 18,189		. Monnist pays Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work	10b. KIND OF BUSINESS OR INDUSTR			1) 12. CITIZEN OF WHAT COUNTRY
	orking life, even if retired)				
13. FATHER'S NAME	e wife	Home	14. MOTHER'S MAIDEN	Maryland	U.S.A.
id. FAIRER 3 MAME			14. MOTHER'S MAIDEN	N NAME *	
	Butler		F	Elizabeth Coll	lins
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY NO. 17. I	NFORMANT	Addr	055
no	,		s Emily Clar	rke 455 Baimbr	ridge Brooklyn,N.Y
	DEATH Enter only one cau	se per line for (a), (b), and (c).]	D	1// 202002	INTERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY:	Par	- 1	7=	ONSET AND DEATH
11201	IMMEDIATE CAUSE (a)	Coronar	y myare	chon	immedia
142011	DUE TO	_			
Conditions, if any					
gave rise to immed (a), stating the	A DIST TO				
cause lest.	(c)				
Z PART II, OTHE	R SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	MAL DISEASE CONDITION O	GIVEN IN PART I(a); 19. WAS AUTOPSY
Ĕ					PERFORMED?
		b. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in	n Part I or Part II of item 18.)	I ES NO
	MEDICAL EXAMINER				
ZOC. TIME OF INJU	JRY Month, Day, Year		CE OF INJURY (Home, far		(County) (State)
Hour a.m.		While Not While fact	ory, street, office bldg., at	ic.)	
partita.	19		1	1 0 0 0	2
21. I certify t	that (I) (this hospital)	attended the deceased from	aug	1995, to Notice 2	3, 19.61, that (I) (we) las
saw the deceas	sed alive on Make	19.64., and that	death occured at.	M. from the cause	s and on the date stated above
22a. SIGNATURE	The x	9Bond "	D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S			22d. ADDRESS		12/23/6/
NAME (Type	William D. H	Boyd M. D.	Leon	nardtowh, Mary	y.and
23a. BURIAL, CREMAT	ON, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,	town or county) (State)
Burial	12/27/61	Sacred Hear	t	Bushwood,	Maryland
24 FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS	25a, R.	EC'D BY REGISTRAR 25b.	
		onardtown, Marylan			Inthur S. Thous
ATTIKE ME	cornerea ne	maru cown, Marylan	C I DATED		

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Cert		phys	191	Any	
death	death. A may be retained by the hospital or attending physician.	E TO FURE AL DIRECTOR: After this certificate has been signed by the attending physician and complete	Dease	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	1
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N	NAKYLAND STATE DEPARTMENT OF HE	ALTH
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STR	REET, BALTIMORE I, MARYLAND
14421	CERTIFICATE OF DEATH	44000

1. PLACE OF DEAT:	н					institution: Residence before edmission)
St. Me	mula		MARYLAND	e. STATE	b. coul	
b. CITY OR TOWN	(if outside corporate limi	ls.	c. LENGTH OF STAY IN 16		land	St. Mary's RURAL end give naarest lown)
_write RURAL and	d give nearest town)	-,		. / _		o Rokel one give hoolest lown)
Leomard			7 days	X Rural	Leonardtown	
d. NAME OF HOSPI	ITAL OR INSTITUTION (if not in hos	spitel, give street eddress)	d. STREET ADDRES	SS	e. IS RESIDENCE
	t. Mary's Ho	epita	The second secon	1		ON A FARM? YES NO X
3. NAME OF DECEASED	First		Middle	Last	4. DATE Mont	h Day Yeer
(Type or print)	Unmanh		©	**	DESTU	5 19 61
5. SEX	6. COLOR OR RACE	7 MADRIE	D A NEVER MARRIED B	Bowles DATE OF BIRTH	9. AGE (In years	
				. DATE OF BIRTH	last birthday)	Months Deys Hours Min.
Femal 4	White	WIDOWE		Sept. 27, 1	.884 77 yrs.	
Ma. USUAL OCCUPAT	ION (Give kind of work orking life, even if relire	10b. K	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Co	unty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House w		a }	Home	Mo	ryland	
13. FATHER'S NAME	22 4		ДОМО			U.S.A.
				14. MOTHER'S MAIDE	IN NAME	
French l	Marcellis A	bell		Hannah	Gertrude Abell	
15. WAS DECEASED EV	ER IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
No No	lfyesgive werordeles of se	Prvica]	None Geo	rge H. Bowl	as Issueudė.	Named and
	DEATH Enter only one	causa par l	ins for (a) (b) and (a) ?	TRe III DOMT	es Leonardto	
	H WAS CAUSED BY:	P.	10), end (c).	and .		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	-Uh	while with	in ruge		1 week
251X	DUE TO	1			1 6	
Conditions, if eny		Line	retred on to	an rol	enoses.	10 years
gave rise to immad	main wa	4				
(e), steffing the u	Inderlying					
	(c) (c)	LOVE CON	(VALUE VALUE			
O PARI II. OTHE	K SANIFICANT CONDIT	TONS CON	TRIBUTING TO DEATH BUT NO	RELATED TO THE TERM	AINAL DISEASE CONDITION GIV	VEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
3	Nycolules					YES NO Z
OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURED	(Enter natura of injury i	n Part I or Pert II of Itam 18.)) touch Wind
		1001	Diffusion of antiputar and and			
20c. TIME OF INJU	JRY Month, Dey, Yes	While		Ct Of INJURY (Home, fa ory, street, office bldg., e	irm, 20f. (City or town)	(County) (State)
WE D.M.	19	at wor			1	
21 Landific t	hat (I) /this bassis	-17 -44	ded the deserved from	No. 1	19 43 10 Ck	5 11 11 11 11 11
	-/	1	ded the deceased from	//		, 14a(, that (I) (we) last
	sed elive on	ue.	.919 (R), and that	death occured at	1121W from the causes	and on the date stated ebove,
220. SIGNATURE	01/			ATTENDING	/wm	/22br DATE
	1 Bu	-	М.	ATTENDING PHYS.	MED, STAFF DIRECTOR PHYS.	12/6/6 SIGNED,
22c. PHYSICIAN'S				22d. ADDRESS		17701-
NAME (Type)	P. J.	Bean	M. D.		Great Mill	s. Maryland
	ION, 236. DATE THER	EOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	
Burial (Specify)	Dec.9,19	61	E St. John!	s Cemeterv	Hollywood	Maryland
24 FUNERAL DIRECTOR			ADDRESS		EC'D BY REGISTRAR 256. RE	
		1.00	ardtown, Maryl		FIRE 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S Thomas
" OTALKO	rac criigre A	neon	iara cowii, maryi	and DATE		

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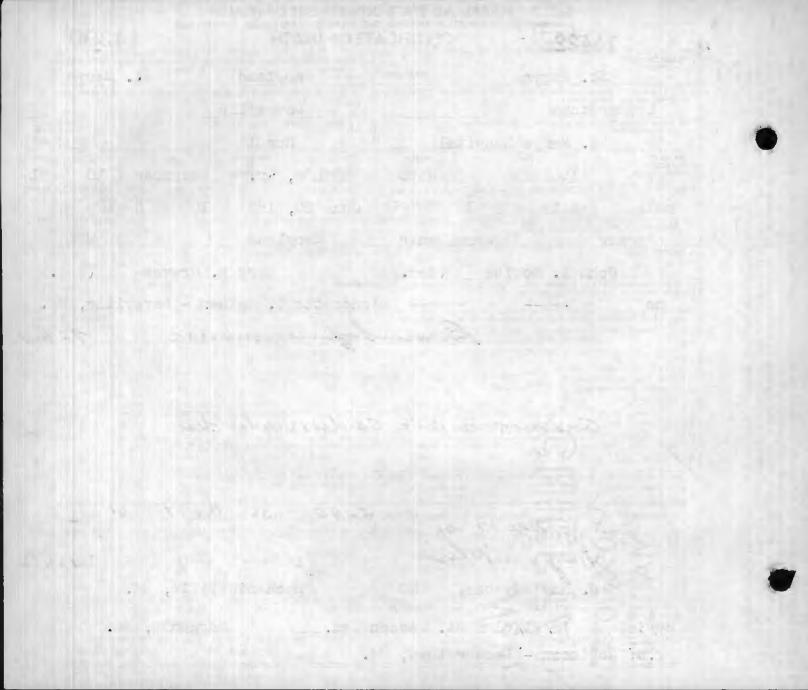
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

14422

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1. PLACE OF DEATH			2. USUAL RESIDENCE	(Where deceased		on: Residence before	re admission)
o. COUNTY	St. Marys	MARYLAND	o. STATE Mar	yland	b. COUNTY	St. Mar	rys
b. CITY OR TOWN RURAL and give	(If outside corporate limits, wr	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpore	ote limits, write Rl	JRAL and give nec	arest lown)
	ardtown		X Lo	veville			
	ITAL (If not in haspital, give sh	reat oddress)	d. STREET ADDRES	SS			e. (S RESIDENCE ON A FARM?
OK INSTITUTION	C1. 27 NW	ospital	III R	ural			YES X NO
3. NAME OF	First	Middle	Last	4. DATE	Mon	th Do	y Year
(Type or print)	WILLIAM	CHARLES	BOWLES.	ST DEATH	Decemb	per 18	8 1961
S. SEX	6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)		IF UNDER 24 HRS.
male	white WID	OWED DIVORCED	June 30.	1861	100 yrs.	Months Doys	Haurs Min.
10a. USUAL OCCUPAT	TON (Give kind of work done orking life, even if retired)	106. KIND OF BUSINESS OR INDI			untry)	12. CITIZEN OF	WHAT COUNTRY?
Farme		Farm Owner	Marv	land		1	USA
13. FATHER'S NAME			14. MOTHER'S MAID			1	
	John I. Bowl	es (dec.)		Mary N	I. Grave	28	(dec.)
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES?		NFORMANT		Addr		
(Yes, na, or unknown)	(If yes, give wor or dotes of service)	M	ignonette	C. Wath	en - Lo	veville	e. Md.
	EATH [Enter anly one cause p		1	V. 1150		INTE	ERVAL BETWEEN
	EATH WAS CAUSED BY:	Bronse	hortense	1 anni 10	usio	ONS	TAND DEATH
n 491	IMMEDIATE CAUSE (o) DUE TO	10000	- d				7 - 7000
Conditions, if	now which						
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lying couse lost	8 the <u>findels</u>						
		ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE T	ERMINAL DIBEASE	CONDITION GIV	EN IN PART 1(a) 1	9. WAS AUTOPSY
PART II, O' 20g. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	aristerior	relevatie	CarolioVa	scular	dia		PERFORMED?
E 20g. ACCIDENT W	VAS UNDERLYING [20b.	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injur	y in Port I or Port	II of item 18.)		
OR CONTRIBUTION	VAS UNDERLYING 1 20b. IG CAUSE OF DEATH IFY MEDICAL EXAMINER)						
		od. INJURY OCCURRED 20e. P	LACE OF INJURY (Home,	form, 20f. (City	or town)	(County)	(Stote)
ZOc. TIME OF INJU	. , w		octory, street, office bldg.	, etc.)	,	, , , , , ,	
	-		"Trease	- 50	7) 17		
21. I certify th	ial((1)/(this haspital) att	tended the deceased fram.					nat (1) (we) last
saw the dece	ased alive on DEC	17_1966, and that	death accurred at	P_M, fram t	he causes an	d on the date	
226. SIGNATURE	Trong Zu	Thu	ATTENDING	MED.	STAFF PHYS.		22b, DATE SIGNED
22c. PHYSICIAN'S	71-	4	M.D. PHYS. 22d. ADDRESS	DIRECTOR [PHYS.		15/18/61
NAME (Type)	/ //	ther, MD		chanica	ville.	Md.	
23g. BURIAL CREMATI	ION, 23b. DATE THEREOF	23c. NAME OF CEMETERY			ON (City, town, o	or county)	(Stote)
REMOVAL (Specif	y) A - 1 - 1 -				Nr.	7.5.3	(31010)
24. FUNERÁL DIRECTO		St. Josep	h Cem.	REC'D BY REGISTR	AR 25b REGIS	STRAR'S SIGNATUI	RE
11 1 3/ 1/1	AC 18 Exercit 12	eonardtown, M	-	DEC 2 6		Irelian & the	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

4 may be retained by the hospital or attending physician.

TO FUN AL DIRECTOR: After this certificate has been signed by the attending physician applicant and in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. See I and 2 should be filed with the State Dept. of Health prior to burial, ceremation, or removal, and in any event, which in 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14391

St. Mary's b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Leonardtown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat addrass) St. Mary's Hospital 3. NAME OF DECEASED (Type or print) Richard Alexander Clarke Clarke B. DATE OF DEATH December Alexander Clarke St. Mary's Hours Alexander Clarke Month Day Year OF DEATH December Alexander Clarke Month Day Year OF DEATH December Alexander May 18, 1908 Months Days Hours May 18, 1908 May 18, 1908 Maryland U.S.A.
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown) Leonard town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) St. Mary's Hospital 3. NAME OF DECEASED (Type or print) Richard Alexander Clarke G. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH WIDOWED DIVORCED May 18, 1908 May 18, 1908 C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown in the strength of the strength o
Leonard town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) St. Mary's Hospital 3. NAME OF DECEASED (Type or print) Richard Alexander Clarke 6. COLOR OR RACE 7. MARRIED XNEVER MARRIED 8. DATE OF BIRTH White WIDOWED DIVORCED May 18, 1908 108. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 109. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 109. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 109. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 109. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 109. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital) St. Mary's Hospital 3. NAME OF DECEASED (Type or print) Richard Alexander Clarke 6. COLOR OR RACE 7. MARRIED XXNEVER MARRIED 8. DATE OF BIRTH White WIDOWED DIVORCED May 18, 1908 106. USUAL OCCUPATION (Give kind of work done during most of working life, even if relized) 10. STREET ADDRESS 4. DATE Month Day Year OF DEATH December 21, 196 10. STREET ADDRESS 9. AGE (In years IF UNDER 1 YEAR IF UNDER 2 Isst birthday) Months Days Hours 106. USUAL OCCUPATION (Give kind of work done during most of working life, even if relized) 106. LISUAL OCCUPATION (Give kind of work done during most of working life, even if relized)
St. Mary's Hospital 3. NAME OF DECRASED (Type or print) Richard Alexander Clarke 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NOT
Composition
(Type or print) Richard Alexander Clarke DEATH December 21, 19 (5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH White Widowed Divorced May 18,1908 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if relized) 10b. KIND OF SUSINESS OR INDUSTRY II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT CO
5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH White WIDOWED DIVORCED May 18,1908 9. AGE (In years IF UNDER 1 YEAR IF UNDER 2 Institute
Male White WIDOWED DIVORCED May 18,1908 53 yrs. Months Days Hours 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relized) 10b. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT CO
done during most of working life, even if relired)
Waterman Marvland U.S.A.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Alexander Clark Henrietta Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
(Yas, no, or unkown) (Ifyasgivewarordatesofsarvica) 219-16-2308 Margaret H. Clarke California Maryland
no 219-16-2308 Margaret H. Clarke California, Maryland 18. CAUSE OF DEATH [Enter only one cause per line fgp-(a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO DUE TO PART I. DEATH WAS CAUSED BY: ONSET AND DE ONSET
DUE TO P DO P
Conditions, if any, which are to immediate cause (b) Symphoid Clubernia - a auto 9 n
(e), stating the undarlying DUE TO
causa last. (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AU
PERFOR VES N
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AU PERFOR. YES NO CONTRIBUTING CAUSE OF DEATH OF CO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (S factory, street, office bldg., atc.)
Hour e.m. While Not While factory street, office bldg., atc.) p.m. 19 at work at work
saw the deceased alive on 19.9., and that death occured at from the causes and on the date stated
ATTENDING MED. STAFF
22c, PHYSICIAN'S DIRECTOR PHYS. 12. /22/
NAME/IType) //
Mechanicsville, Maryland
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stell REMOVAL (Specify)
Burtal 12/23/61 St. John's Cemetery Hollywood, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
W.Clarke Mattingley Leonardtown, Maryland DATE JAN 2 '62 Outling & Kings

1 Note that the second section is pactour d'form deported free sta-Independ a tent of strate selected payroli III.IS Indeed No. 10'11'00 - 1-69 elmi elmi ingland bases man-seyan. And Frank , Marchitles, owiews in Jovenness. Edgs-bt-qui The wind of the world of the world of Toppen turbernes - a with PARTILLA. Designation ville, Marylend has Egist , most benese yet missal missio. W

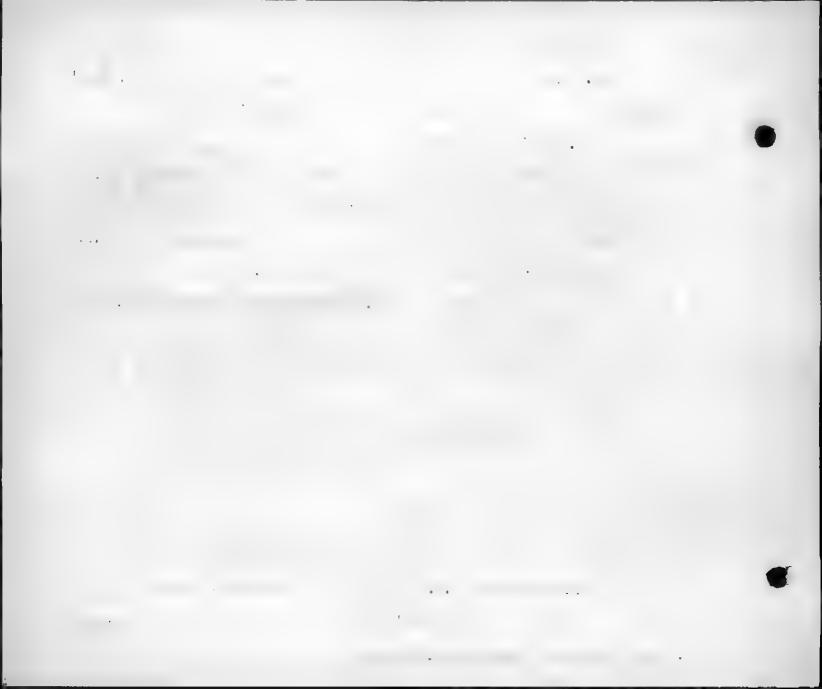
VS A15 (4) 15M 9/58

4	MARYLAN	D STATE DEPARTMENT OF	HEALTH
B	14424	CERTIFICATE OF	DEATH
VI)	I. PLACE OF DEATH	2. USUAL F	ESIDENCE (Wh

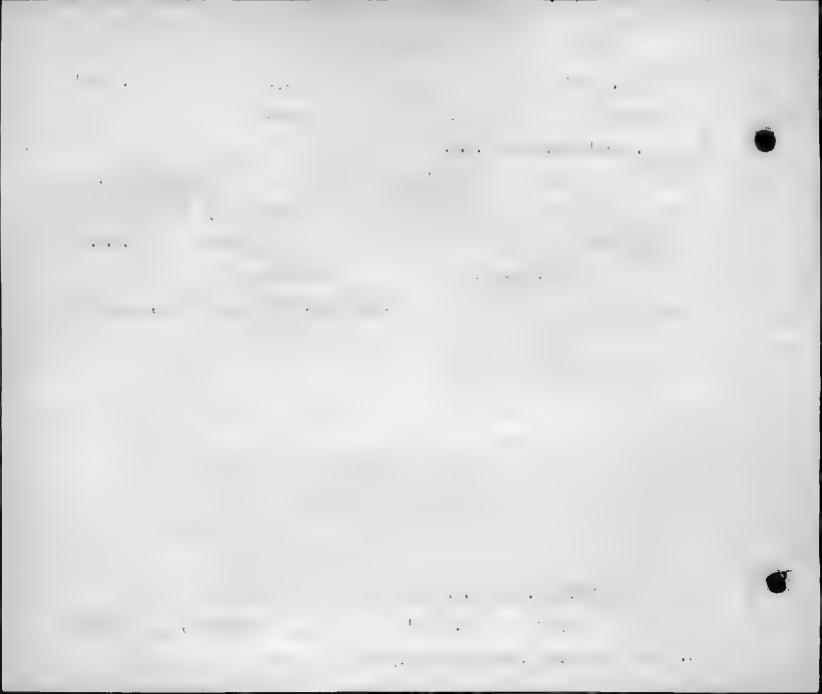
Reg. Dist. No. 14392

-BALTIMORE, 18

1. PLACE OF DEATH a. COUNTY	C+ Vamula		MARYLA	NHD	2. USUAL RESIDENCE	•	ceased tiv	red. If instituted b. COUNTY	_		
b CITY OR TOWN	St. Mary's	s, write	c. LENGTH OF STAY IN	1Ь	CITY OR TOWN	-	corporole	limits write R!		Mary ve negrest to	
RURAL and give			4 days	H	XRural M	-	-		_		
d. NAME OF HOS	PITAL (If not in haspital, gi	ve street o	<u> </u>		d. STREET ADDRES		- 11	00%		e, IS I	RESIDENCE
OR INSTITUTION	St. Mary	s Hos	spital		A						A FARM?
3. NAME OF DECEASED	Firs		Middle		Last	4. D		Mon	th	Day	Year
(Type or print)	Harr	У			Combs	Di	EATH	Decemb		26,	19 61
S. SEX	6 COLOR OR RACE	7 MARRI	IED NEVER MARRIED	XX B	. DATE OF BIRTH		9.	AGE (In years lost birthday)	IF UNDER 1	YEAR IF UN	IDER 24 HRS
Male	11111 00	WIDOWE			May 15,187			_85_yrs.	Months	Days Hou	rs Min
10a USUAL OCCUPAT	TION (Give kind of work dorking life, even if retired)	one 10b. I	KIND OF BUSINESS OR	INDUS1	TRY 11 BIRTHPLACE (S	State or fare	eign count	ry)	12.CITIZ	EN OF WHA	TCOUNTRY?
	ning						Mary	land	U	.S.A.	
13. FATHER'S NAME					14. MOTHER'S MAID	EN NAME					
	Charles Con				Susi	ie H.	Ston	.6			
(Yes, no, or unknown)	VER IN U. S. ARMED FORCE (If yes, give war or dates of see		SOCIAL SECURITY NO.	IN	FORMANT			Addr	ress		
No			None	Dr	.Charles G	reenwe	11	Leonard	ltown,	Mary	and
	EATH [Enter only one cou		e for (o), (b), and (c).]							INTERVAL	BETWEEN ND DEATH
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(Freums	ne	a					0.1021 7.1	OEATH
173	3 DUE TO		,		a * a .						
	Conditions, if any, which (b) Clermie Myocardiles										
gave rise to			Ü								
lying couse los											
PART II O	THER SIGNIFICANT COND	OITIONS <u>C</u>	ONTRIBUTING TO DEATH	H BUT I	NOT RELATED TO THE T	ERMINAL D	ISEASE CO	ONDITION G V	EN IN PART	1(o) 19 WA	AS AUTOPSY
[S]											□ NO □
	WAS UNDERLYING [] 19 19 19 19 19 19 19 19 19 19 19 19 19	20b. DESC	TRIBE HOW INJURY OCC	URRED	. (Enter noture of injur	y in Port I o	or Port II :	of item 18.)			
	URY Month, Day, Yea	r 20d. IN	JURY OCCURRED 20	o, PLA	CE OF INJURY (Home,	form, 20f	(City or	town)	(Co	sunty)	(State)
Hour g.m	10	While of work	Nat while	foct	ory, street, office bldg.	, elc.)					
	that I attended the	decease	ad from 19 6	ESL	1055	Die	26	104	that I lac	1 carr 16 a	deceased
I I '	lue 2	126	- 7		accurred at 🎎						
I dilve on	0/ 0 //	7	apara, dila mara	cuiii	dccorred d			t, city or town,			ATE SIGNED
ACTUAL SIGNATURE	Warly /f	reei	mvell	N	1.0. <u>La</u>	onar	Un	n (7	nu		
PHYSICIAN'S NAME (Type)	Charles Gre	enwe	11 M.D.		Lec	onard	town	Maryl	and		
220 BURIAL, CREMAT REMOVAL (Specil BURIEL	12/28/61	F	Our Lady					y city, town, c		,	d d
23 FUNERAL DIRECTO	OR'S SIGNATURE		ADDRESS		24a.	REC'D BY R			TRAR'S SIGI		
W.Clarke	Mattingley :	Leone	ardtown. Mar	vla	nd DATE	B 1 2	162	(132	2 8 st.		



Division of STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF HEALTH DERT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmiss on) e. COUNTY e. STATE **b.** COUNTY St. Mary's files. St. Mary MARYLAND Maryland b. CITY OR TOWN (if outs de corporete ilm ts, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. write RURAL end give neerest lown] ō Leonardtown Board Leonardtown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State YES NO A s Hospital 2, and 3 to the fur 3. NAME OF 4. DATE Month Yeer DECEASED OF (Type or print) Louis Curtis DEATH 19 61 John December 6 COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey] Hours Male WIDOWED [DIVORCED 1908 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired "rifficate sitters have be executed within 24 hams "pending" in pencil in Item 18. Give Pages U.S.A. Day Laborer Maryland form PM3. 14. MOTHER'S MAIDEN NAME George Curtis Jane Cutch 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give were rdetes of service) Office along with burial-transit permi Thoroga Curtis Leonardtown, Maryland 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN Ensitud Skul ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause (0) Examiner's DUE TO (a), stelling the underlying še ŏ couse lest. cremation, PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19, WAS AUTOPSY CERTIFICATION PERFORMED? te the certificate, writing the word forwarded to the Chief Medical E YES NO IZ pluods 20e. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury to Pert I or Pert II of Hem 18.) ded to the Chief Med ECTOR: Page 3 shou sent, prior to burial, c CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) Month, Dev. Yeer tectory, street, office bldg., etc.) Routs #5 deoner el work al work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1/ Inquiry M and in my opinion death resulted from: Accident 12. Suicide | Homicide Undetermined manner Natural causes DIREC CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER 7 **EXAMINER'S** pluods William D. Boyd M.D. NAME (Type) DEPU Address (Street, city, lown, or county) 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) St. John's Hollywood. 240 g Burial Maryland 23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME W.Clarke Mattingley Leonardtown, Maryland DATDEC 2 8 '61 5M 7/59 C' 1 8 Trans



VR A15 (4) 15M 7/61

7 7 7	MARYL	AND STATE D	EPARTMENT O	F HEALTH	
DIVISION OF STA	TISTICAL RESEARC	H AND RECORD CERTIFICA	s, 301 W. PRESTO FE OF DEATH	N STREET, BALTIMOR	E 1, MARYLAND
	• 0	CERTIFICA	E OF DEAT	1	14334
PLACE OF DEATH			2. USUAL RESIDENC	E (Where decresed lived, if Instit	ution; Residence before edm sslon)
b. CITY OR TOWN (if outside co	orporate fimilis, c	MARYLAND ENGTH OF STAY IN 16	Mary		St. Mary s RAL and give neerest town)
_Rural Valle	y Lee	Life	Rural	Valley Lee	No president
d NAME OF HOSPITAL OR INS	ITTO TOPS (IT NOT IN NOSPITEL,	give street eddress,	d STREET ADDRESS		ON A FARM? YES NO KK
3. NAME OF DECEASED	F rst	Midd e	Last	4. DATE Month	Dey Year
	ARTY R OR RACE 7. MARRIED [Valeria	Cutchember DATE OF BIRTH	9. AGE (In years IF C	
Female Colo	red WIDOWED X	DIVORCED 🗀 🕝		86 yrs.	niths Days Hours Min.
done during most of working life, e	even if retired)	Home	THE PRINCE (COUNTY)	Maryland	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	•
	Robert Brown		Elle	n ?	
15. WAS DECEASED EVER IN J. 5. [Yes, no, or unknown] (Ifyes give we		AL SECURITY NO. 17. I	NFORMANT	Address	
no	no	ne Mr	s Lindsay Bri	scoe Tall Timb	
18. CAUSE OF DEATH [En		(a), (b), end (c).	1 5/2	71/1-	ONSET AND DEATH
IMMEDIATE		entusus	as fregue	kian h	men ,_
Conditions, if eny, which) (b)	Myoci	Endial &	Marken	min).
gove rise to immediate cause (e), stetting the underlying	DJE TO	AI		11/11	0
cause lest	(c)	wrong	w that	efficience	1 suns
PART II. OTHER S GN FICA	ANT CONDITIONS CONTRIBU	TING TO DEATH BUT NO	T PLLATED TO THE TERMINA	ALD STASE CONDITION GIVEN	PERFORMED?
200 ACCIDENT WAS UNDER. OR CONTRIBUTING [] CAUSE (IF EITHER, NOTIFY MEDICAL	YING 20b. DESCRIBE	HOW INJURY OCCURED.	(Enter neture of injury in Pe	ert I or Part II of Jem 18 1	YES NO
U IF EITHER, NOTIFY MEDICAL					
Hour e.m.	Whileh		CE OF INJURY (Home, ferm, ory, street, office bldg., etc.)		(County) (State)
	17		500 1	12/10	10/1/11/10/12/11
21. I certify that (I) (t	/		doub occured at 10		on the date stated above.
220 SIGNATURE	7 1111				22h. DATEZ
las J	barl	75 "	J	ED. STAFF	12/19/6
22c PHYSICIAN'S NAME (Type)	James P. Jarbo	• M. D.	22d. ADDRESS	at Mills, Mary	land
238 BURIAY, CREMATION, 236.	1 /	NAME OF CEMETERY	and a	23d, LOCATION (City, town o	r county) (State)
Burial 1	2/13/61	St. George		Valley Lee,	Marykand
24 FUNERAL DIRECTOR'S SIGNAT	URE	ADDRESS	25a REC'	D BY REGISTRAR 256 REGISTI	AR'S SIGNATURE

Bufial 12/13/61 24 FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley Leonardtown, Maryland Yalley Lee,
25a REC'D BY REGISTRAR 25b R 256 REGISTRAR'S SIGNATURE DADEC 1 8 '61-



L	COUNTY S	t. Mary's	MARYLAND	a. STATE	Maryland b. COU	Institution: Residence before admis
	Leonard		15 days		V (If outside corporete limits, writeral Chaptic	RURAL and g've neerest town)
√ d.		t. Mary's H	not in hospital, give street address)	d. STREET ADDRES	SS —	e. IS RESIDE ON A FA YES X NO
D	IAME OF ECEASED (ype or print)	First James	Burgess	Davis	4. DATE Mont	
5 S	ale	1.79 9 1	MARRIED NEVER MARRIED M	8. DATE OF BIRTH August 20,1	last birthdey)	Months Days Hours M
done		ON (Give kind of work rking life, even if retired)	106. KIND OF BUSINESS OR INDUST	14. MOTHER'S MAID	Maryland	U.S.A.
10		lames Edward		Elizab	eth Burgess	
(Yes,	no, or unkown) (II	R IN U.S. ARMED FORCE			Addres hea Davis 2508	
1	PART I. DEATI	EATH [Enter only one con was CAUSED BY:	Hepato-K	enal fa		20, D. O INTERVAL BETWEE
	5118	Which > DUE TO	Paralusi	c) ree	us	
	Conditions, if any geve rise to immediale), stating the uncourse lest.	which (b)	Paraly fi Gangler DNS ADNTRIBUTING TO DEATH BUT N	e of the	LE SULPHINAL DISEASE CONDITION GIVEN	VEN IN PART 1(a) 19. WAS AUTO PERFORME YES IN NO
RIFICATION	Conditions, if any geve rise to immediately, stering the uncouse lest. PART II, OTHER COS. ACCIDENT WARDER CONTRIBUTING	which (b) DUE TO (c) SIGNIFICANT CONDITION	Gausses DIS CONTRIBUTING TO DEATH BUT N 206. DESCRIBE HOW INJURY OCCURE	OT RELATED TO THE YER	Se Sucoll Minal disease condition gi	PERFORME

24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)

22c. PHYSICIAN'S

NAME (Type)

230. BURIAL, CREMATION, 236. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

Christ Episcopal Cemetery Chaptico, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Leonardtown, Maryland

23d. LOCATION (City, Iown or county)

DATE DEC 1 5 '61

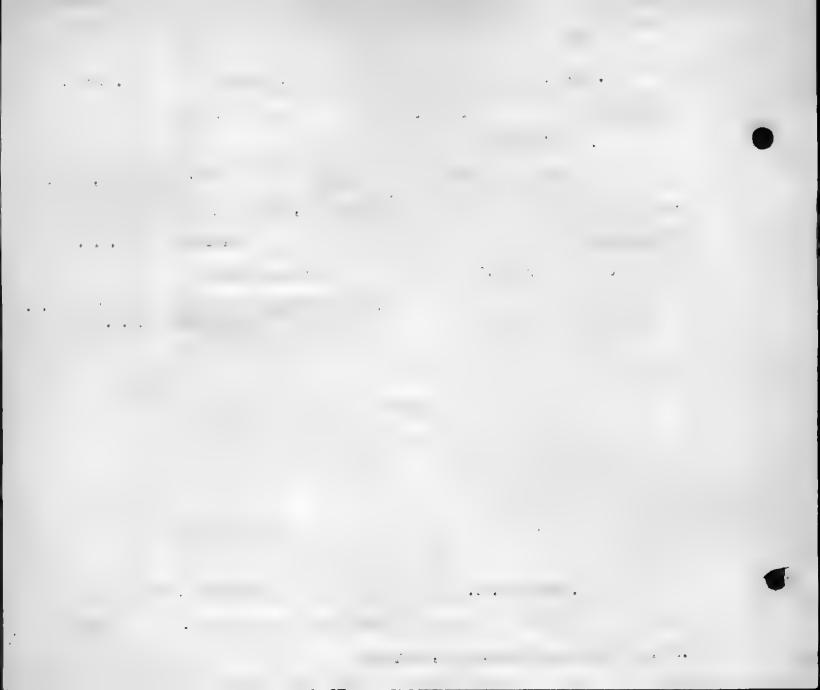
22d. ADDRESS

22b. DATE SIGNED

W.Clarke Mattingley Leonardtown, Maryland

12/12/61

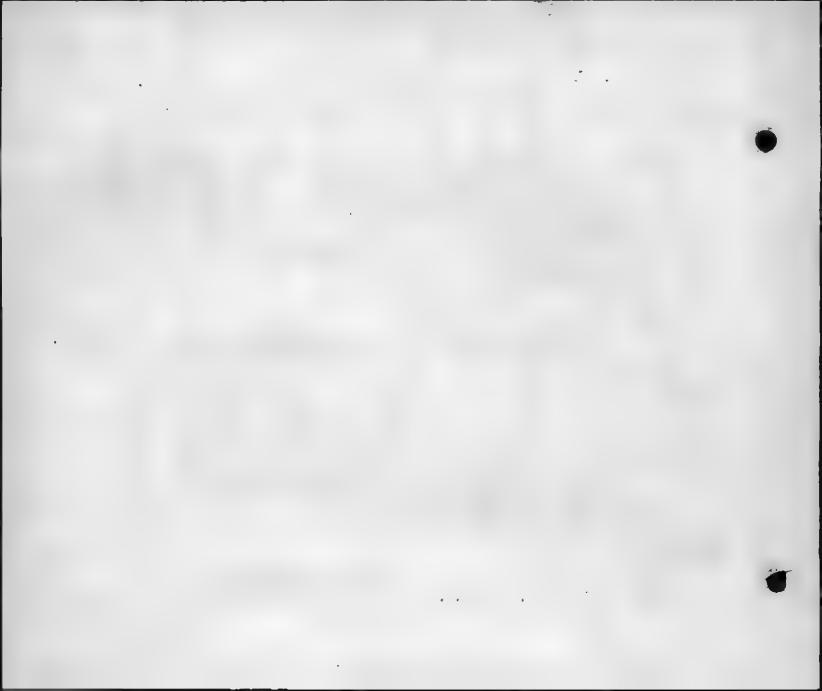
A. Samadi M. D.



, ye MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessary, please exertar. Page 4 shauld be cremation, Item PLACE OF DEATH a. COUNTY o. STATE Maryland St. Mary's MARYLAND burial, B. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 Rural Lexington Park Rural Lexington Park ō d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS direct .50 registrai NAME OF **First** Middle Lost 4. DATE Manth funeral DECEASED Louis Fletcher (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED . NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years retained DIVORCED F last birthday) Male Colored WIDOWED [1900 yes. 0 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) pup Handy man 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pages unknown unknown Pages 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Elf yes, give wor or dates of service Give P.M.3 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Coronary Infartion IMMEDIATE CAUSE (a) olong with far burial-transit DUE TO Canditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause lost 6 pending in CERTIFICATION SO used 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) Exami should MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, MIDICAL EXAMINER: 20f. (City or town) writing the white Medical I factory, street, office bldg., etc.) Not while a. m. at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy 🗍 Inspection . DIRECTOR: 1 death resulted from: Natural causes [7] Accident Suicide [7]. Hamicide . Ũ ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER FUNERAL remova DIPUTY EXAMINER'S NAME (Type) William D. Boyd M.D DEPUTY MEDICAL EXAMINER cute the #Orwi 22b. DATE THEREOF 220. BURIAL-CREMATION. 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 16 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o, REC'D BY REGISTRAR YS. A15ME[5] 5M 9/55

Reg. Dist. No.1 Film G305 1/19/(2/JSUAL MESIDENCE (Where deceased lived. If institution, Residence before admission) 6. COUNTYST c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) on a farm? YES 🔲 NO 🖫 Day Year December 28 1961 IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? One of the Southern States INTERVAL BETWEEN ONSET AND DEATH 6 hrs. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)[19, WAS AUTOPSY PERFORMED? YES [7] NO I (County) [Stote] Inquiry 4, and find that Undetermined cause DATE SIGNED 12/28/63 22d. LOCATION (City, lown, or county) (Stote) 24b. REGISTRAIÉS SIGNATURE DATEAN 5 '62 inimy S. Thatel Mattingly Funeral Home Lenoard, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

I O FUNDARAL DIRECTOR: After this certificate has been signed by the attending physician and complete?

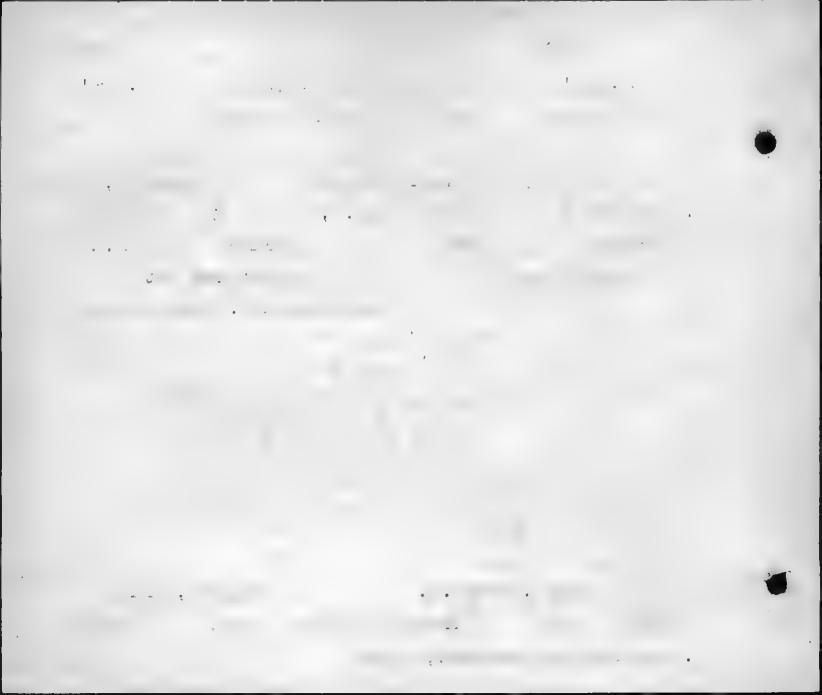
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I director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper.

J of the plant of the plant prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 7 61

		DIVISION	14429	RESEARCH AND RECOR	NDS, 301 W. PREST		TIMORE 1, MAR	YLAND
	=			CERTIFICA			10	1396
		b. CITY OR TOWN (write RURAL end Rural	Hary's if outside corporate limits, give nearest lown) Scotland	c. LENGTH OF STAY IN IN	e. STATE Mar	yland (It outside corporete limits, Scotland	St. Max	a. IS RESIDENCE
	3.	NAME OF DECEASED	First	Middle	Lesi	4. DATE	Month Dey	YES NO Y
		(Type or print)	Amy	Mabel	Greenwell	DEATH -	ember 16.	19 61
	5.	SEX	6. COLOR OR RACE 7. N	AARRIED NEVER MARRIED	B. DATE OF BIRTH		years IF UNDER 1 YEAR	IF UNDER 24 HRS.
	10a do	Fomale USUAL OCCUPATION during most of wo House FATHER'S NAME	TON (Give kind of work orking life, even if retired)	DOWED DIVORCED		aryland	ms.	Hours Min. F WHAT COUNTRY?
			lliam Yeatman		Ann	Maria KKK	Lamb	
	15 (Ye	WAS DECEASED EV es, no, or unkown) (ER IN U.S. ARMED FORCES? Hypergive werer dates of service		INFORMANT	Ad	dress	•
)	L CERTIFICATION	PART I. DEAT Conditions, if ony geve rise to immed (e), stelling the ucause last. PART II OTHER 20s. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	as UNDERLYING L 206 CAUSE OF DEATH MEDICAL EXAMINER	ACRUSCAL SONTRIBUTING TO DEATH BUT DESCRIBENDOW INJURY OCCUR		Peri I or Peri I of 'tem 18.	N GIVÊN IN PART 1(a)	REVAL BETWEEN SET AND DEATH WAS AUTOPSY PERFORMED? WES NO
	MEDICAL	//	hat (I) (this hospital)	while at work of the deceased from	Carrie F	19 6 Dio	// 1	(Stele)
1		saw the deceded 22e SIGNATURE 22c, PHYSICAN'S NAME (Type	James P/	Jarboo M. D.	ATTENDING PHYS. 22d. ADDRESS	of Staff Director Phys.	□ , Maryland	2/17/b
	23a	REMOVAL (Specify		· ·		23d. LOCATION (Cit		(Stete)
	24	FUNERAL DIRECTOR	TS/TA/01	Friendenij Address	Methodist	Ridge,	Melry REGISTRAR'S SIGNA	
	W.			onardtown, Mary		DEC 2 0 '61	Orthun S. Hi	
		-		The state of the s	TO THE			



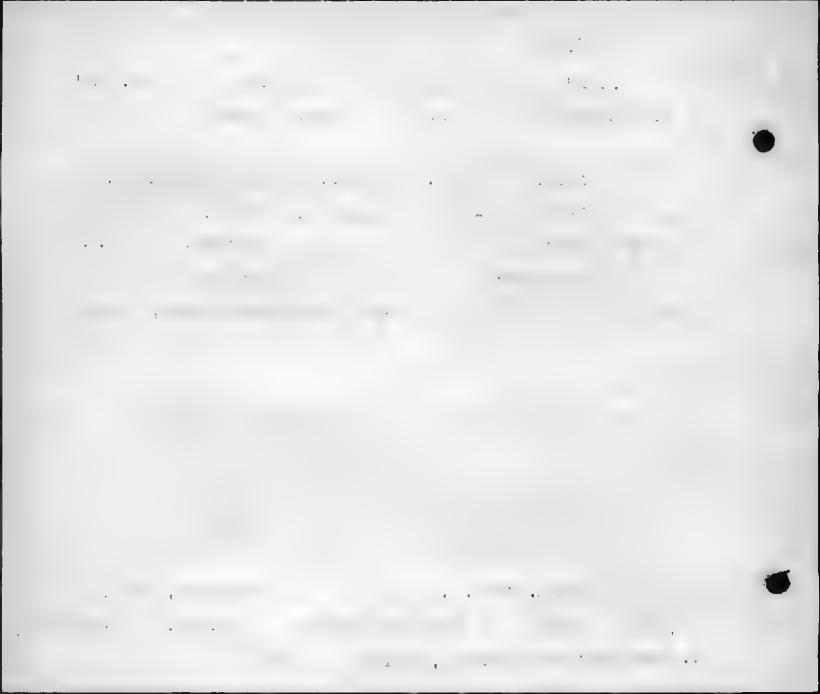
TO HOSPY-L OR ATTENDING PHYSICIAN: The law requires that the death matificate be exacted within 24 haurs after death.

4 may be retained by the hospital or attending physician.

TO FUN. AL DIRECTOR: After this certificate has been signed by the attending physician and completely din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Ses 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4) 15M 7,61

14430 CERTIFIC	CATE OF DEATH
1. PLACE OF DEATH a. COUNTY St. Mary B b. CITY OR TOWN (if ourside corporate limits, write RURAL end give neerest lown) Rural Bushwood d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address)	
3. NAME OF First Middle	Last 4. DATE Month Dey Year
(Type or print) William T.	Herbert December 16, 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Deys Hours Min.
Male Colored WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INI	April 1, 1878 83 yrs. OUSTRY II. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	
House man & Farmer	Maryland U.S.A.
Mary a Vanhand	Unmich Dudlen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no, or unkown) ((fyas)rewerordeles of sarvieg).	Harriet Butler 17. INFORMANT Address
no	Walter Harry Herbert Oakley, Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	P D INTERVAL BETWEEN ONSET AND DEATH I
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e)	humanhage simudiate
3 1 X DUE TO	A 1
Conditions, if eny, which (b)	a artenoscterosis 10 yrs.
(a), stating the underlying DUETO	
Causa last. (c)	UT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY
PART I. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	PERFORMED?
200, ACCIDENT WAS UNDERLYING TO 1 20b. DESCRIBE HOW INJURY OCC	YES NO
206. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DOADS OF DEATH OR CONTRIBUTING DOADS OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER!	
3 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20d	e, PLACE OF INJURY (Home, ferm, 201, (City or town) (County) (Stete)
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED, 20d. Hour a.m., While Not While at work all work all work	factory, street, office bldg., etc.)
21. I certify that (i) (thus hospital) attended the deceased for	rom
	that death occured at OAM, from the causes and on the date stated above.
220. SIGNATURE PS 411	ATTENDING_/ MED. STAFF / SIGNED
22c, PHYSICIADIS ON A C	M.D. PHYS. DIRECTOR PHYS. 12/18
NAME ATABLE Joseph E. Gill M. D.	Leonardtown, Maryland
22- BUBIAL CREMATION 1 23h DATE THEREOF 1 23- NAME OF CEME	
REMOVAL (Specify)	Bushwood, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
W. Clarke Mattingley Leonardtown, Mary	yland DATDEC 20'61 Circlus & Trans

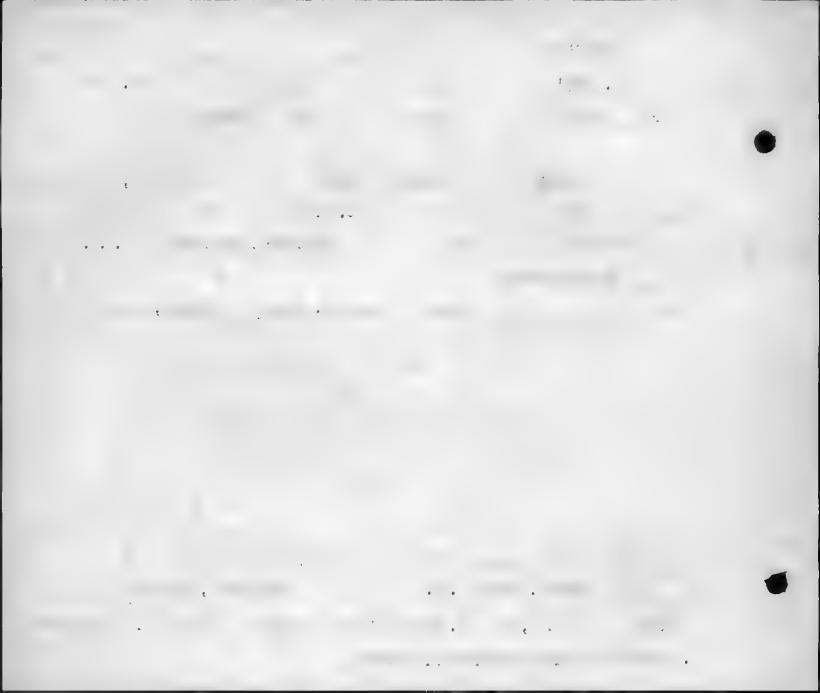


ed in by the funeral TO HOSE TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death.

IN FURN ALL DIRECTOR: After this certificate has been signed by the attending physician and complete; and in by the funeral director, lage 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.

15M 7

	DIVISION	OF STATIST	ICAL RESE	CERTIFIC	CATE OF	PRESTON DEATH		ALTIMOR	I MA	398°
I/ PLAC	E OF DEATH	1101		Item 14		RESIDENCE	Where deceases		tution: Reside	nce before edmi
b. сп	St Y OR TOWN	Mary s	binits,	c. LENGTH OF STAY		Maryla:		b. COUNTY	St. Ma	
d. NA	ural	Drayden TAL OR INSTITUTION	ON (if not in ho	8 years	d STREE	Rural :	Drayden			a. IS RESID ON A FA
	EASED		First	Middle	Lest		DATE	Month	Day	
5 SEX	or print)	Jess:	Le	McKenny ed □ Never Married [Magee	-	9. AGE		JNDER YEAR	19 6:
Fema 10e, US	JAL OCCUPAT	White	WIDOW work 10b. I	ED DIVORCED [Dec. 5	,1878 LACE (County &	Stele, or foreig	угз.		DF WHAT COL
		Wife Wife	relifed)	Home		altimore		and	U.S.	.A.
12. 17.11		leorge Mc	Kennu		14. MOINER		zabeth	Jane Y	oung	
15. WAS [Yes, no,	DECEASED BY	ER IN U.S. ARMED Tyesgive war or dete	FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT	7		Address		
	no Cause of D	EATH (Enter only	one cause per	none	Robert A.	. Magee	1 CP	ayden,	Maryla	nd Iterval betw
gave [a],	ditions, if any erise to immedi staling the u e last.	which lele cause	(b) &	tractat HSC.	le Cinger	this f	ranti	Faile	ne	1 wk
STIFICATIO	ACC DENT W	AS UNDERLYING CI CAUSE OF DEA	206. DE	SCRIBE HOW NJURY OC	CURED, (Enter neture	THE TERMINAL I			N PART 1(a)	9. WAS AUT PERFORM YES NO
WEDICAL 20c.	Hour a.m.		y, Yeer 2Dd. While 19 al wo		e. PLACE OF INJURY factory, street, office		20f. ,City or to	wn)	(County)	(Sh
saw		hat (I) (this he led alive on		nded the deceased	that death occurrence		ST			that (I) (
	PHYSICIAN'S NAME VIYON	James	Jarb	OB M. D.	22d AD	Great	Milla,			(Stati
REMO Bu	OVAL (Specify)	Dec.	V=				y Val	ley Le	RAR'S SIGNA	
W	larke k	lettingle	v Leon	ardtown Mar	ryland	DATE BEG 6	'61 '	Cirilia	7 S. Firm	LA.



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 havis after death. If any delay is necessary, please execute the "whicate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and I to the funeral director. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your filter. To Funeral DIRECTOR: I age 3 should I e used I so I uniquirons it in I min. File pages 1 and 2 with the registrar. or remayal.

VS. A15ME(5) 5M 9/55 ol.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14432 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg.	Dist.	No.	1	4	0	39	9

a. COUNTY	11 1.1	MARYLANG	O STATE	here decorated lived. If institution: Keside b. COUNTY					
b. CITY OR TOWN (If outside corp	Mary's	c. LENGTH OF STAY IN 15	MOTATS		ary's				
and give nearest town)	porque simila, want RORME			outside corporate limits, write RURAL and	dine vediest town!				
	ifornia	13 years		California					
d. NAME OF HOSPITAL OR IN	ISTITUTION (If not in h	ospital, give street oddress)	d. STREET ADDRESS		on a farm? YES NO X				
3. NAME OF	First	Middle	Lost	I. DATE Month	Day Year				
-DECEASED (Type or print)	Agnes	Cordelia	Otterback	DEATH December 1	3. 19 61				
5. SEX 6. COLO		RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE Ile veers LIFUNDER					
Female Whi			November 22,1	881 80 75	Days Hours Min.				
10a. USUAL OCCUPATION (Give during most of working life, evi	kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State o	r foreign country) 12. CITI	ZEN OF WHAT COUNTRY?				
Civil Service	U	.S.Government	Fairfax Co	unty, Virginia U.	S.A.				
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME					
Beniar	in L. Otte	rback	Sarah C.	Davis					
15. WAS DECEASED EVER IN U. S			INFORMANT	Address					
no ir jul gra	a mos or agains of stances	none M	rs Jean Wilker	son California, Ma	rvland				
18. CAUSE OF DEATH Enter	only one cause per line				INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS C	AUSED BY	11000-1	well - to	2. (ONSET AND DEATH				
4/20.0	TE CAUSE (o)	00000	700-10-12	ALMEO(D	SKEEPSTEE X				
Conditions, If any, which	DUE TO	1 . 1	i bla	7 8	7 1200 - 10				
	gove rise to immediate couse								
(a), stating the underlying	DUE TO								
	FICANT CONDITIONS C	ONTERNITING TO DEATH BUT	NOT DELATED TO THE TEDANN	ALDISEASE CONDITION GIVEN IN PART	TUIS HER AUTORY				
O F	TICALLI COLORIDA E	STANDON TO DEATH BOT	NO KEDSTED TO THE TEXAMINA	ALDISLASE CONDITION OFFIN IN PART	PERFORMED?				
5 SOM SYTERNIAL CALLES WAS	20h DEECEN	DE MONE INTRION OCCURRED	4E-1		YES NO Z				
PART II. OTHER SIGNI 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTION CAUSE OF DEATH.	(G 🗆	BE HOW INJURY OCCURRED.	(Enter nature of Injury in Port I	or Port 1 of Item 18.)					
2			ACE OF INJURY (Home, form,	20f. (City or town) (Cou	nty) (Stote)				
Hour o. m.	19 Whi	ite Not white to	ctory, street, office bldg., etc.)						
			ave, held an Autapsy	, Inspection , Inquir	([c] and find that				
death resulted fram:			vicide . Hamicide		-				
7	7		, Hollineide						
ACTUAL SIA	120.3111	Buck	CHIEF MEDICAL EXA	AMINED	DATE SIGNED				
SIGNATURE	7	./ "	M.D. CHIEF MEDICAL EXA	-	- hall				
EXAMINER'S NAME (Type) Willi	iam D. Boyd	M.D.	DEPUTY MEDICAL EX	/.	2/14/6/				
220. BURIAL, CREMATION, 22b. REMOVAL (Specify)	DATE THEREOF	22c. NAME OF CEMETERY C	R CREMATORY	22d. LOCATION (City, lown, or county)	(Stote)				
	2/16/61	Congression	al Cemetery	1801 E St.S.E. Wash	ington, D.C.				
23. FUNERAL DIRECTOR'S SIGNAT	TURE	ADDRESS			NATURE				
W.Clarke Matting	gley Leona	rdtowng Maryle	und DEC DATE	19'61 Curtum & 9	in rud				



TO HOSPITAL OR ATTENDING PHYSICIAM: The law magnitudes that the death certificate to account within 24 hours after death.

TO FUNLARIA DIRECTOR: After this certificate has been signed by the attending physician and completeled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers ages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death VR A15 (4)

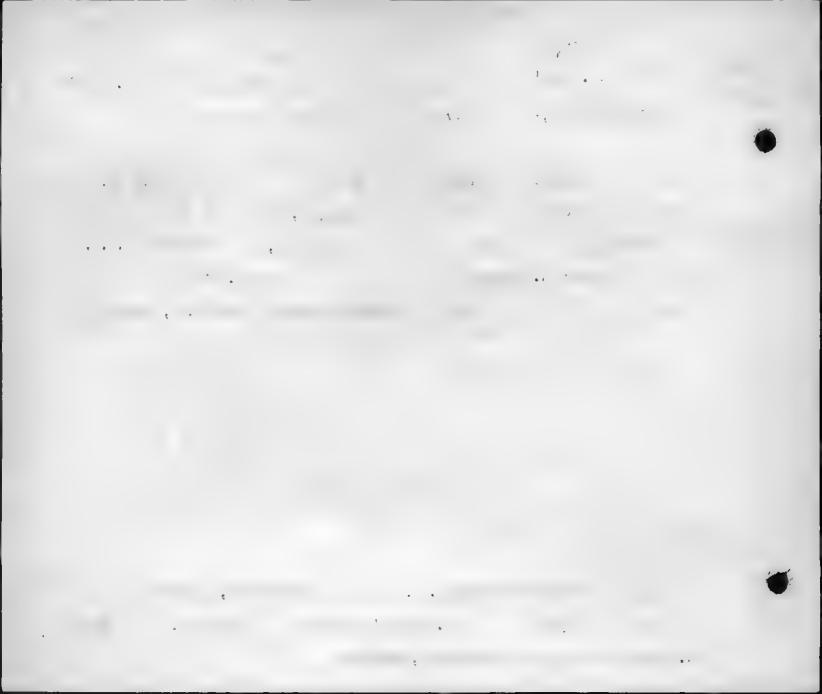
15M 7,61

1	14433	CERTIFICATE O	F DEATH	1.1.4	()()
$\Lambda)$	1. PLACE OF DEATH a. COUNTY	a. S1		b. COUNTY	
	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 15 c. C.	Maryland TY OR TOWN (If outside corpor	St. Mary	
. 2	write RURAL and give nearest town Rural St.George Island d. NAME OF MOSPITAL OR WASTITUTION (if not in hospi		ral Leonardt	cown _	. IS RESIDENCE
16	Poel nureing home	an, give sited address)	KEEL MODKESS		ON A FARM?
	3. NAME OF First DECEASED	Middle	Lest 4. DATE OF	Month Day	Yeer
	(Type or print) Theodore H	erbert Russel		December 31, AGE (In years) IF UNDER 1 YEAR	19 61 IF UNDER 24 HRS.
_	Male White WIDOWED	DIVORCED March	21,1888	Months Days	Hours Min.
1	done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY 11, BIR			F WHAT COUNTRY?
	13. FATHER'S NAME	14. MO	Maryl THER'S MAIDEN NAME	and U.S.	Α
	Patrick Russell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S		Julia_Bedow	Address	_
	(Yes, no, or unkown) (ifyesgivewarordetesofservice)		iolet Russell		rvland
	18. CAUSE OF DEATH (Enter only one cause per lun PART I, DEATH WAS CAUSED 8Y:	e for (e), (b), end (c).	M. and A	" INT	ERVAL BETWEEN SET AND DEATH
	IMMEDIATE CAUSE (6)	Esperalory	anne		men_
	Conditions, if any, which (b)	irbral Th	imbotic	1	says_
	(a), steting the underlying DJE TO	45 d. 11			421
0	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT HEATEL	TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART HOT	WAS AUTOPSY"
	<u></u>	RIBE HOW INJURY OCCURED, (Enter ne	ure of injury in Pert I or Parl II o		res NO
	OF CONTRIBUTING CAUSE OF DEATH				
	G Hour 8.m. While	Not While fectory, street,	URY (Home, farm, 2Df. (City of office bldg., etc.)	or town) (County)	(State)
	p.m. 19 et work 21 1 certify that (I) (this hospital) attende	10	ey . 196/, 10	1)20,3/ 1961,1	hat (I) (we) last
	saw the deceased a ive on	1961 and that death of			
1	220. SIGNATURE	NOTE M.D. ATTI	NDING MED.	STAFF PHYS.	1/4/SIGNED
1	James P. Jarb	22d.	ADDRESS Leonardt	town, Maryland	1/1/02
	230. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY OR CREM		TION (City, town or county)	(State)
	Burial 1/3/62	St. Aloysius			rland
	W. Clarke Mattingley Leone	address ardtown. Maryland	DATE JAN 8 76	AR 256. REGISTRAR'S SIGNA 2 Chilhur S. Th	
			19 200	The state of the s	The seller seller and

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH C. CUNTY St. Mary's MARYLAND D. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest fown) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest fown)	
1. PLACE OF DEATH e. COUNTY St. Mary s MaryLand b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b) 2. USUAL RESIDENCE (Where deceased lived, if Institution; Residence before adm a. STATE b. COUNTY MaryLand C. CITY OR TOWN (if outside corporate limits, write RURAL and give necess) town)	
1. PLACE OF DEATH e. COUNTY St. Mary s Maryland b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
Rural Loveville, Lefe d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS on A F.	ENCE ARM?
YES Y NO. 1 NAME OF First Middle Last 4. DATE Month Day Year	, []
DECEASED (Type or print) Walter Morgan Russell OF DEATH December 6 19 61	HRS.
Robert W. Russell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT 17 INFORMANT 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).) PART I. DEATH WAS CAUSED BY: IMMED ATE CAUSE (e) Conditions, if eny, which gave rise to immediate cause (a), stefing the undarlying cause lest. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTO- PERFORM YES NO.	OPSY
20e. ACCIDENT WAS UNDERLY NG 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of in any in Pert I or Pert II of Item 18) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	-
20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f, (City or lown) (County) (Ste fectory, street, office bldg., etc.) p.m. 19 et work at work	(0)
21 I certify that (I) (this hospital) attended the deceased from the course and on the date stated a saw the deceased alive on	bove.
22c. PHYSICIAN'S NAME (TYPE) 22d. ADDRESS 1217	ATE IGNED
Charles Greenwell M. D. Leonardtown, Maryland	-
236. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 12/9/61 St. Joseph's Cometery Morganza, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR'S SIGNATURE W. Clarke Mattingley Leonardtown, Maryland DATE	



VR A15 (4) 15M 7,61

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NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after		R. After this certificate has been signed by the attending physician and completel ofy the targetal	288	re after
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res	sined by the hospital or attending physician.	þ	Derm	27.0
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	DESCRIPTION OF THE REAL PROPERTY OF THE PERTY OF THE PERT	DE PARTIE LES PROPERTIES DE L'ANNE	T. C.	
DIVISION OF STATISTIC	AL RESEARCH AND RECORD	5, 301 W. PRESTON	STREET, BALTIMORE 1, A	AARYLAND
41105	CERTIFICAT	E OF DEATH		

14435	Item 23 Film	0303 12/25/	nh mh	144	102 - 100	
1. PLACE OF DEATH		2. USUAL RESIDEN		lived, if institutions i	lesidence before e	dmission)
St. Mary's		e, STATE		b, COUNTY		1
b. CITY OR TOWN (if outside corporate limits,	MARYLAND 1 c. LENGTH OF STAY IN 1b	P enn		mits, write RURAL and		
write RURAL and give nearest town)	e. tendin or stat in is	E CIT OK IOWN	ir ouiside corporare ii	mirs, write KUKAL and	give nearest tow	/nj
_ Rural California	3 1/2 years	Rural	_Gilbertor	1		
d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospitei, g.ve street address)	d STREET ADDRESS				ESIDENCE
					YES T	A FARM?
3 NAME OF First	Middle	Lest	. 4. DATE	Month	Day Year	ш.
DECEASED (Type or print)			OF DEATH			
"Initified	Clarke	Short		December	8, 19	61_
5 SEX 6. COLOR OR RACE 7. MARI	UED NEYER MARRIED	8. DATE OF BIRTH		(In years IF UNDER I birthday) Months	Days Hours	24 HRS.
Female White WIDOV	VED K DIVORCED	March 2,1875	86	yrs, Monins	Make Hours	M. n.
10e. USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS OR INDUST	TRY 11, BIRTHPLACE (Cour		country) 12, CIT	ZEN OF WHAT C	OUNTRY?
done during most of working life, even if relired)						
House wife	Home	Irland	NAME	1	J.S.A.	-
io. TATILE S HAME		14. MOTHER'S MAIDEN	NAME			
John Clarke			ed McTerns	ın		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1. [Yes, no, or unknwn] (If yes give war or dates of service)	6. SOCIAL SECURITY NO. 17.	INFORMANT		Address		_
(1 as, no, or unkown) (tryesgive ward dates or service)	26-83-7129 William	Joseph J. M		0-146		3
18. CAUSE OF DEATH Enter only one cause pe	z line for (a) (b) and (c) (ooseph J. M	opreones	California	Maryla	and _
PART I, DEATH WAS CAUSED BY:	a la mar	V hombo	_ ,		ONSET, AND I	DEATH
IMMEDIATE CAUSE (a)	2 New York			_		10-10
347 X DUE TO	3	and processing				
Conditions, Feny, which (b)	energe e	J. Artoniz	mearins		1040	no.
gave rise to immediate ceusa	<u></u> _	-4				- N U
(a), stating the underlying DUE TO						
cause last. (c)						
PART II. OTHER SIGN FICANT CONDITIONS CO	ONTRIBUTING TO BEATH BUT A	OT RELATED TO THE TERMI	NAL DISEASE CONDI	TION GIVEN IN PART		RMED?
8						NO Hom
200 ACCIDENT WAS UNDERLYING 1 206. D	ESCRIBE HOW INJURY OCCURE	D. (Enter helure of houry in	Part I or Pert II of ite	п 18.)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTINUES CONTINUES CONTINUES CONTINUES CONTINUES CONTINUES CAUSE OF DEATH						
	f. INJURY OCCURRED 206, PL	ACE OF INSIDY (Hame to	204 /Cyty or in	vn) (Čou	mby)	(Stete)
Hour e.m. Wh		ACE OF INJURY (Home, feri ctory, street, office bldg., etc	il)	411) (CO.1	11(7)	(21010)
	ork et work	, L _ A	1			
21. I certify that (I) (this hospital) age	anded the deceased from	they 1	1969 10 De	-C- 5 , 19!	2. (that (1) (we) last
	196/, and the					
22e. SIGNATURE		Wile nethann theen is	A	causas alio en l		, DATE
ZZE. SIGNATURE			MED. STA		220	SIGNED
Mily 1 women	_	ATT M	DIRECTOR PH	rs.	for a	5-196
22c. PHYSICIAN'S NAME (Type)	1. 115	22d. ADDRESS	7 P.	1. 7 /		
WHYATKIE	MID.	herma	1 cost (10M	1 wy.		7.5
238. BURIAR CREMATION, 236 DATE T ENEOF	23c. NAME OF CEMETERY	OR CREMATORY	23d-LOCATION	(City, fown or count)	y) <u>(5</u> :	(ete)
REMOTAL (Specify)	21 2 12		12	alle late	1 (1	an
		7	Track!	20120	7	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS.	25a, RE		25b, REGISTRAR'S		
Thomas & Worght 604.	he west iff har	KATTLE DATE D	EC 1 9 '61	wind &	Yours	
* * * * * * * * * * * * * * * * * * * *	7	- Cich				
	V					



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TTEND	y the h	TOR: A	detache	100
L OR A	ned b	DIREC	old be	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4	may be ned by the haspital or attending physician.	TO FUNE OTRECTOR: After this certificate has been signed by the attending physicion and completely filled it the funeral director.	page 3 should be detached for use as the burial-transit permit. Then please remare carban papers. Pages 1 1 2 should be filed with	The second secon
TO HC	YDE	TO FU	page	1

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

		14436	Ta		CAT	E OF DEATH	d sale	1	4403	3
	PLACE OF DEATH			em=9-Film		2 USUAL RESIDENCE (Wh			ence befare ad	lmission)
	a. COUNTY	St. Mary's	3	MARYLA	ND	o. STATE Maryla	and	St.	Mary	s
	b CITY OR TOWN I	(If autside corporate limit	s, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If a	utside corporate tim	its, write RURAL and	give nearest	tawn)
L	Patuxent	River		DOA		X Lexington	Park, Ma	aryland		
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, g	ive street	oddress) MD		d. STREET ADDRESS			e. IS	RESIDENCE N A FARM?
St	ation Ho	spital, NAS	Pat	tuxent Rive	r	Box 131, Th:		n_Road	YES	S NO 🖸
3.	NAME OF DECEASED (Type or print)	Franc	"	Middle Josephin	.e	SKELLY	4. DATE OF DEATH	Month December	25	Year 19 61
\$	SEX	6. COLOR OR RACE	7- MARR	IED NEVER MARRIED	8.	DATE OF BIRTH	9. AGI	(In years IF UNDE birthday) Months	ER 1 YEAR IF U	
	Female	Caucasian	WIDOWI	DIVORCED		8-21-1887	747	yrs. Molitins	Days Ha	urs Min
100	. USUAL OCCUPAT	ON (Give kind of work or rking life, even if relired)	iane 10b.	KIND OF BUSINESS OR	INDUST	RY 11 BIRTHPLACE (State	ar fareign country)	12 CI	ITIZEN OF WH	AT COUNTRY?
	Housewif			None		Irela			USA	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N				
L	Patrick						TYRELL			
	WAS DECEASED EVI	ER IN U. S. ARMED FOR! (If you, give wor or doles of se		SOCIAL SECURITY NO.		ORMANT		Address		
	No				Box	131, Three	Notch Re	i.Leding		
		ATH (Enter only one co							INTERVA ONSET #	L BETWEEN
	TAKI I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Ce	ssation of	hea	rt			Nor	1e
	331X	DUE TO								
Canditions, if any, which by Hemmorhage, cerebral								37	minute	
	cause (a), stating lying cause last.	the under-				, ,			7.5	A.
z		, 10		teriosclero		• vessel uni	NAL DISEASE CON	DITION GIVEN IN PA	ART 1(n) 19. W	AS AUTOPSY
CATION									PE	RFORMED?
CERTIF	OR CONTRIBUTING	'AS UNDERLYING [] G [] CAUSE OF DEATH / MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED.	(Enter nature of injury in I	Part I ar Part II at i	tem (8.)		
MEDICAL	20c. TIME OF INJU Haur a.m. p. m.	RY Manth, Day, Yea	while	Nat while	De PLAC facto	CE OF INJURY (Hame, farm ary, streat, affice bldg., etc	, 20f (City or taw	rn)	(County)	(State)
~	21 I certify the	11 TH	1	led the deceased fr	alli	Z. 1	5 , .10		61, that (
	saw the deced	sed alive an		1961 , and th	hat_de	eath accurred at	M, from the c	auses and an Il	ne date sta	226 DATE
	22a. SIGNATURE & MULTIPLE MD ATTENDING MED DIRECTOR STAFF PHYS.								SIGNED	
	22c PHYSICIAN'S NAME (Type)	D.E.MULHA	rten	, LT MC USN		Station H	ospital,	USNAS, Ρε	tuxent	River
23	BLR AL, CREMATI		F	23c NAME OF CEMET	ERY OR	CREMATORY	23d LOCATION (C	Lily, lawn, ar county	r)	(State)
	REMOVAL (Specify	12/29/	61	Gate of	<u>Hea</u>	ven Cem.	New Yo			
24	FUNERAL DIRECTO			ADDRESS		2Sa. REC'	D BY REGISTRAR	256 REGISTRAR'S	SIGNATURE	
	P.B. Re	obinson -	Leon	nardtown,	Md.	DOEC	2 8 '61	Carlow A. 7	C-CHANAN	



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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

14404

1	PLACE OF DEATH					2. USUAL RES	DENCE (WI	nere deceased	lived. If institution	on: Reside	nce befa	re admis	sian)
	B. COUNTY S	t. Marys		MA	ARYLAND	a. STATE	Mary.	land	b. COUNTY	St	. M	ary	8
	b. CITY OR TOWN (If RURAL and give new Park		its, write	c. LENGTH OF ST	AY IN 1b	c. CITY OR		Hall	ote limits, write R	URAL and	give nec	arest taw	n)
	d. NAME OF HOSPITA	AL (If not in haspital,	give street	oddress)		d. STREET	ADDRESS					e. IS RES	SIDENCE A FARM?
L	OR INSTITUTION	Rural				1	Rura	1				YES [NO 🙀
3	NAME OF DECEASED	Fi	rst	Mid	dle	lo		4. DATE	Man	th	Da	у	Year
L	(Type ar print)	MARY]	ESTELLE	5	HTIM		DEATH	Decem	ber	28		19 61
S	SEX	6. COLOR OR RACE	7- MARI	RIED NEVER MA	RRIED	. DATE OF BIRT	Н		9. AGE (In years last birthday)	IF UNDER			ER 24 HRS.
	Female	Negro	WIDOW	ED DIVO	RCED 🔲	Augus	t 22	,1892	69 yrs.	MOINTINS	Doys	Haurs	Mîn.
10	during most of work		dane 10b.	KIND OF BUSINES	S OR INDUS	TRY 11. BIRTHP	LACE (State	or foreign co	untry)	12. CIT	IZENO	WHAT	COUNTRY?
		keeper		Domesti	c	Mar	vlan	d			U	SA	
13	B. FATHER'S NAME					14. MOTHER'S							
н	St	ephen Sm:	ith					Mary	Brisco	e			
	. WAS DECEASED EVER			SOCIAL SECURITY	NO. 17, IN	FORMANT			Add				
1.	no	T pa, gre was or doles or	100 7100)		Luc	retia	E. S	mith .	- Leona	rđte	wn.	Ma	
F	_	TH [Enter anly one co	ause per li	ne for (a), (b), and							INTE	ERVAL BE	ETWEEN
	PART I. DEAT	H WAS CAUSED BY:	71	RELAIN	alore	1 HA	rac	/-			ONS	mu.	
П	have here	DUE TO		d /	11	1/		7					~
	Conditions, if an	y, which	. (prolo	st.	Han	non	hads	7		1	me	no
	gave rise to in couse (a), stating t	mediate (110		/		1					,
	lying couse lost.	ne <u>under-</u>	c)	HA	5'	CV	D					41	1
2	PART III. OTH	ER SIGNIFICANT CON	NDITIONS (CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE	CONDITION GIV	EN IN PA	RT 1(o)	. WAS	AUTOPSÝ
TAT											ľ	YES [NO D
CEPTIEICATION		S UNDERLYING CAUSE OF DEATH WEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	COCCURRED	. (Enter noture	of injury in	Part I or Port	fl of item 18.)				
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Doy, Ye	While of war	NJURY OCCURRED Not while		CE OF INJURY tory, street, office			ar tawn)		County)		(State)
	21. I certify that	(I) (this-hespita	1) attend	de'd the decease	ed fram	1)80		61.ta_	I EN F	0. 19.	th	at (I)	(we) last
	saw the decease		1 12-1	1101 11		0			the causes on				
	220. SIGNATURE	199						,		<u> </u>	0 0010		26. DATE
	an	red lal	ner	Janla	5	A.D. PHYS.		ED.	STAFF PHYS.		12/	28/	61 GNED
	22c. PHYSICIAN'S		4	100		22d, ADDR	ESS						
	Andre (Type)	J. Patrio	ek J	arboe,	MD		Grea	t Mil	ls, Mar	ylan	đ		
2	30. BURIAL, CREMATION			23c. NAME OF C	EMETERY OF	CREMATORY		23d. LOCAT	ION (City, town,	or county)		(Sto	ote)
	REMOVAL (Specify)	/12/30	/61	Y St. J	oseph	Cem.		100		Md.			
2	FUNERAL DIRECTOR'S	SIGNATURE - 1	1	ADDRESS			250. REC	D BY REGIST			GNATU	RE	
	P.B. Rob	inson - I	Leon	ardtown,	Md.		DATE JA	IN 3 '(62 CU	thun 1	. Ha	MA	

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executed within 24 hours arrent complemental in by the funeral in paper 1 and 2 should thin 72 hours after death.	1. PLACE OF DEATH			
the fur shall be shal	St. 1			
T T T T T T T T T T T T T T T T T T T	b. CITY OR TOWN (I write RURAL and			
Illed in by	Rural			
hours a	d. NAME OF HOSPIT			
2 ho	3. NAME OF			
mple paper in 72	(Type or print)			
physician and comp s remove carbon pa any event, within	5. SEX			
ent,	Female			
Sicis Move of the second	done during most of wo			
nding physician at please remove call in any event,	House 1			
nding plea and j				
ine cean certificate be execute attending physician and completely and in any event, within 72 cells and in any event, within 72 cells.	15. WAS DECEASED EVI (Yes, no, or unkown) (II			
ries that the site is by the atternation. Then or removal,	no 18. CAUSE OF D			
the law requires that the intending physician. I been signed by the after burial-fransit permit. Then it cremation, or removal, it	PART I. DEATI			
w requili	443			
lhe aw req atending phy as been signe burial-transit ial, cremation	Conditions, if any			
attend as be buria ial, cr	gave rise to immedi (a), stating the u			
LN: In or after the has the burial, burial,	cause last.			
HYSICIAN: e haspital or a s certificate ha or use as the b prior to buria	PART II. OTHER			
ASIC hasp certif r use prior	E 200 ACCIDENT W			
5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	PART II. OTHER OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING			
DING PR ed by the After this stached fo of Health				
TENDING Telained by tOR: After it be detached Jept. of Heali	Y 20c. TIME OF INJU			
	21. I certify t			
	saw the deceas			
EAM	226. SIGNATURE			
Page 4	22c. PHYSICIAN'S			
S S S S S S S S S S S S S S S S S S S	NAME (Type			
	23a. BURIAL, CREMATI REMOVAL (Specify) Burial			
H H				
VR A1S (4) 15M 7/61	24 FUNERAL DIRECTOR			
170.5	W.Clarke Me			

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH * 1 1 20

1. PLACE OF DEATH a. COUNTY St. Mary's MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 2. UBUAL RESIDENCE (Where deceased lived, if institution: Residence as STATE b. COUNTY MARYLAND C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 2. UBUAL RESIDENCE (Where deceased lived, if institution: Residence as STATE b. COUNTY MARYLAND C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
St. Mary's Maryland b. CITY OR TOWN (if outside corporate limits. Le. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits. write RURAL end give or	before admission
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give a	
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give a	v ¹ s
g Ilvinos Ivalij	
Rural Mechanicsville Life Rural Mechanicsville	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) , d. STREET ADDRESS	B. IS RESIDENCE
	YES Y NO
NAME OF First Middle Last 4. DATE Month Day	Yeer
DECEASED	* 001
Rachel Jackson Wade December 18.	1961
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR)	IF LINDER 24 HRS
lest birthday) Months Days	Hours Min.
Female Colored WIDOWED DIVORCED June 19,1892 69 yrs.	
Da. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Steta, or foreign country) 112. CITIZEN OF	WHAT COUNTRY
kone during most of working life, even if retired)	
House Wife Home Maryland U.S.A	
FATHER'S NAME	•
Warren Hawkins Sarah ??	
. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
es, no, or unkown) ((fryesgive war or detes of service)	
no none Benjamin P. Wade Ka Mechanicsville, M	buelvae
18. CAUSE OF DEATH [Enter only one cause per line for (s), (b), and (c).]	RVAL BETWEEN
	ET AND DEATH
PART I. DEATH WAS CAUSED BY: 6 exclused Throm bosis	
11110	
443 × DUE TO YE A.	
Conditions, if any, which 7 (b) Hyper Lensive C.V. distail	
gave rise to immediate cause [
(a), stating the underlying DUE TO	
cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19	WAS AUTOPSY
	PERFORMED?
Carcinomic, cliving -	S NO
20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.)	
OR CONTRIBUTING [] CAUSE OF DEATH	
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)	(Stata)
Hour a.m. While Not While factory, street, office bldg., etc.)	(0.0.0)
p.m, 19 et work et work	
hun a la mai	. (1) () (
21. E certify that (I) (this hospital) attended the deceased from	at (I) (we) la
saw the deceased alive on	e stated abov
22e. SIGNATURE	22b, DATE
ATTENDING MED. STAFF	I SIGNI
	19/6/
M.D. PHYS. DIRECTOR PHYS. (2)	
22c. PHYSICIAN'S J. Roy Guyther M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS Mechanicsville, Maryla	nd
22c. PHYSICIAN'S NAME (Type J. Roy Guyther M.D. 22d. ADDRESS Mechanicsville, Maryla 3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	nd (State)
22d. ADDRESS AME (Type J. Roy Guyther M.D. 22d. ADDRESS Mechanicsville, Maryla BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23d. LOCATION (City, town or county)	(State)
22c. PHYSICIAN'S NAME (1909 J. Roy Guyther M.D. 22d. ADDRESS Mechanicsville, Maryla a. BURIAL, CREMATION, 23b. DATE THEREOF EMOVAL (Specify) Burial 22d. ADDRESS Mechanicsville, Maryla 23d. LOCATION (City, town or county) REMOVAL (Specify) Burial 22d. ADDRESS Mechanicsville, Maryla 23d. LOCATION (City, town or county) REMOVAL (Specify) Burial	(Stete)
22c. PHYSICIAN'S J. Roy Guyther M.D. 22d. ADDRESS Mechanicsville, Maryla Sa. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 23d. LOCATION (City, town or county)	(Stete)

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